

Fill in this information to identify the case:

Debtor name Chops SG I INC

United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA

Case number (if known) 16-13903

☐ Check if this is an amended filing

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration

I declare under penalty of perjury that the foregoing is true and correct.

Executed on November 28, 2016

**X /s/ Francis E. Froelich**

Signature of individual signing on behalf of debtor

**Francis E. Froelich**

Printed name

**President**

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **Chops SG I INC**

United States Bankruptcy Court for the: **EASTERN DISTRICT OF VIRGINIA**

Case number (if known) **16-13903**

☐ Check if this is an amended filing

**Official Form 206Sum**  
**Summary of Assets and Liabilities for Non-Individuals**

12/15

**Part 1: Summary of Assets**

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. <b>Real property:</b> Copy line 88 from <i>Schedule A/B</i> .....	\$ <b>0.00</b>
1b. <b>Total personal property:</b> Copy line 91A from <i>Schedule A/B</i> .....	\$ <b>250,500.00</b>
1c. <b>Total of all property:</b> Copy line 92 from <i>Schedule A/B</i> .....	\$ <b>250,500.00</b>

**Part 2: Summary of Liabilities**

2. <b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i> .....	\$ <b>750,000.00</b>
3. <b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 206E/F)	
3a. <b>Total claim amounts of priority unsecured claims:</b> Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i> .....	\$ <b>43,080.67</b>
3b. <b>Total amount of claims of nonpriority amount of unsecured claims:</b> Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i> .....	+\$ <b>2,659,751.65</b>
4. <b>Total liabilities</b> ..... Lines 2 + 3a + 3b	\$ <b>3,452,832.32</b>

Fill in this information to identify the case:

Debtor name Chops SG I INC

United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA

Case number (if known) 16-13903

☐ Check if this is an amended filing

## Official Form 206A/B

### Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

#### Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- ☒ No. Go to Part 2.
- ☐ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

#### Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

- ☒ No. Go to Part 3.
- ☐ Yes Fill in the information below.

#### Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- ☒ No. Go to Part 4.
- ☐ Yes Fill in the information below.

#### Part 4: Investments

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.
- ☐ Yes Fill in the information below.

#### Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☐ No. Go to Part 6.
- ☒ Yes Fill in the information below.

General description

Date of the last physical inventory

Net book value of debtor's interest (Where available)

Valuation method used for current value

Current value of debtor's interest

19. Raw materials

Debtor Chops SG I INC Case number (If known) 16-13903  
Name

20. **Work in progress**

21. **Finished goods, including goods held for resale**

22. **Other inventory or supplies**  
**Non perishable canned**  
**food, spices, liquour &**  
**other inventory** Unknown \$500.00

23. **Total of Part 5.** \$500.00  
Add lines 19 through 22. Copy the total to line 84.

24. **Is any of the property listed in Part 5 perishable?**  
☒ No  
☐ Yes

25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**  
☒ No  
☐ Yes. Book value                      Valuation method                      Current Value                     

26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**  
☒ No  
☐ Yes

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.  
☐ Yes Fill in the information below.

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.  
☒ Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. <b>Office furniture</b> <b>Restaurant tables, chairs, bar stools, booths,</b> <b>file cabinets</b>	<u>\$100,000.00</u>	<u>Estimate</u>	<u>\$50,000.00</u>

40. <b>Office fixtures</b>			
41. <b>Office equipment, including all computer equipment and communication systems equipment and software</b> <b>Kitchen equipment, TV's, Bar equipment, Small wares</b>	<u>\$400,000.00</u>	<u>Estimate</u>	<u>\$200,000.00</u>

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

Debtor Chops SG I INC Case number (If known) 16-13903  
Name

43. **Total of Part 7.** \$250,000.00  
Add lines 39 through 42. Copy the total to line 86.

44. **Is a depreciation schedule available for any of the property listed in Part 7?**  
☒ No  
☐ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**  
☒ No  
☐ Yes

**Part 8: Machinery, equipment, and vehicles**

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☒ No. Go to Part 9.  
☐ Yes Fill in the information below.

**Part 9: Real property**

54. **Does the debtor own or lease any real property?**

- ☒ No. Go to Part 10.  
☐ Yes Fill in the information below.

**Part 10: Intangibles and intellectual property**

59. **Does the debtor have any interests in intangibles or intellectual property?**

- ☐ No. Go to Part 11.  
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60.	Patents, copyrights, trademarks, and trade secrets			
61.	Internet domain names and websites <u>Www.Chopscrafthouse.com</u>	<u>\$100.00</u>	<u>Estimate</u>	<u>Unknown</u>
62.	Licenses, franchises, and royalties			
63.	Customer lists, mailing lists, or other compilations <u>500 Customer Emails</u>	<u>Unknown</u>		<u>Unknown</u>

64. **Other intangibles, or intellectual property**

65. **Goodwill**

66. **Total of Part 10.** \$0.00  
Add lines 60 through 65. Copy the total to line 89.

67. **Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C. §§ 101(41A) and 107?  
☒ No  
☐ Yes

68. **Is there an amortization or other similar schedule available for any of the property listed in Part 10?**  
☒ No

Debtor Chops SG I INC Case number (If known) 16-13903  
Name

☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

☒ No

☐ Yes

**Part 11: All other assets**

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☐ No. Go to Part 12.

☒ Yes Fill in the information below.

Current value of  
debtor's interest

71. **Notes receivable**  
Description (include name of obligor)

72. **Tax refunds and unused net operating losses (NOLs)**  
Description (for example, federal, state, local)

73. **Interests in insurance policies or annuities**

74. **Causes of action against third parties (whether or not a lawsuit has been filed)**

**Potential lawsuit for fraud against general contractor**

**Unknown**

Nature of claim

Breach of contract and fraud

Amount requested

\$0.00

75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**

76. **Trusts, equitable or future interests in property**

77. **Other property of any kind not already listed** Examples: Season tickets, country club membership

Business premises lease with Mail 9959 LLC

**Unknown**

78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

**\$0.00**

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

☒ No

☐ Yes

Debtor Chops SG I INC Case number (If known) 16-13903  
Name

**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	<u>\$0.00</u>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<u>\$0.00</u>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<u>\$500.00</u>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<u>\$250,000.00</u>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<u>\$0.00</u>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		<u>\$0.00</u>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	+ <u>\$0.00</u>	
91. <b>Total.</b> Add lines 80 through 90 for each column	<u>\$250,500.00</u>	+ 91b. <u>\$0.00</u>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<u>\$250,500.00</u>

Fill in this information to identify the case:

Debtor name **Chops SG I INC**

United States Bankruptcy Court for the: **EASTERN DISTRICT OF VIRGINIA**

Case number (if known) **16-13903**

☐ Check if this is an amended filing

Official Form 206D

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	<b>Sandy Spring Bank</b> <small>Creditor's Name</small>  <b>9910 Main Street</b> <b>Fairfax, VA 22031</b> <small>Creditor's mailing address</small>  <small>Creditor's email address, if known</small>  <b>Date debt was incurred</b>  <b>Last 4 digits of account number</b> <b>0070</b> <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien <b>Restaurant equipment and fixtures</b>  Describe the lien <b>Security Agreement</b> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$410,000.00</b>	<b>Unknown</b>

2.2	<b>Sandy Spring Bank</b> <small>Creditor's Name</small>  <b>9910 Main Street</b> <b>Fairfax, VA 22031</b> <small>Creditor's mailing address</small>  <small>Creditor's email address, if known</small>  <b>Date debt was incurred</b>  <b>Last 4 digits of account number</b> <b>0071</b> <b>Do multiple creditors have an interest in the same property?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien <b>Restaurant equipment &amp; fixtures</b>  Describe the lien <b>Security Agreement</b> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  As of the petition filing date, the claim is: Check all that apply	<b>\$340,000.00</b>	<b>Unknown</b>
-----	--	---	---------------------	----------------



Debtor	<b>Chops SG I INC</b>	Case number (if know)	<b>16-13903</b>
	Name		
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Contingent		
<input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. **\$750,000.00**

**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity

Fill in this information to identify the case:

Debtor name **Chops SG I INC**

United States Bankruptcy Court for the: **EASTERN DISTRICT OF VIRGINIA**

Case number (if known) **16-13903**

☐ Check if this is an amended filing

Official Form 206E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	<p>Priority creditor's name and mailing address</p> <p><b>Aleksey P. Conners</b>  <b>9100 Vosger Ct.,</b>  <b>Fairfax, VA 22031</b></p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<b>\$29.99</b>	<b>\$29.99</b>
2.2	<p>Priority creditor's name and mailing address</p> <p><b>Alex Young</b>  <b>11715 Briggs Ct.,</b>  <b>Fairfax, VA 22030</b></p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<b>\$12.78</b>	<b>\$12.78</b>

Debtor	<b>Chops SG I INC</b> <small>Name</small>	Case number (if known)	<b>16-13903</b>
--------	--	------------------------	-----------------

  

2.3	Priority creditor's name and mailing address <b>Amanda C. Hopkins</b> <b>1501 Providence St., #204,</b> <b>Stafford, VA 22554</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-top: 1px solid black; width: 100%;"></div> <b>\$116.47</b>	<div style="border-top: 1px solid black; width: 100%;"></div> <b>\$116.47</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.4	Priority creditor's name and mailing address <b>Brian P. Coffin</b> <b>8415 Stone Gate Drive</b> <b>Annandale, VA 22003</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-top: 1px solid black; width: 100%;"></div> <b>\$63.71</b>	<div style="border-top: 1px solid black; width: 100%;"></div> <b>\$63.71</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.5	Priority creditor's name and mailing address <b>Christopher Brooks</b> <b>6384 James Harris Way</b> <b>Centreville, VA 20121</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-top: 1px solid black; width: 100%;"></div> <b>\$42.80</b>	<div style="border-top: 1px solid black; width: 100%;"></div> <b>\$42.80</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.6	Priority creditor's name and mailing address <b>Christopher Crogan</b> <b>8529 Forest Street</b> <b>Annandale, VA 22003</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-top: 1px solid black; width: 100%;"></div> <b>\$1,283.58</b>	<div style="border-top: 1px solid black; width: 100%;"></div> <b>\$1,283.58</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Chops SG I INC</b> <small>Name</small>	Case number (if known)	<b>16-13903</b>
--------	--	------------------------	-----------------

  

2.7	Priority creditor's name and mailing address <b>Daeun Moon</b> <b>6163 Hatches Ct.,</b> <b>Burke, VA 22015</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$22.94</b>	<b>\$22.94</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.8	Priority creditor's name and mailing address <b>Daisy Delekajew</b> <b>7616 Boulder St.,</b> <b>Springfield, VA 22151</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$10.41</b>	<b>\$10.41</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.9	Priority creditor's name and mailing address <b>David Blackshire</b> <b>9629 Blake Ln</b> <b>Fairfax, VA 22031</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$16.68</b>	<b>\$16.68</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.10	Priority creditor's name and mailing address <b>Domingo Jara Guerrero</b> <b>6007 Bonnie Bern Court</b> <b>Burke, VA 22015</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$222.14</b>	<b>\$222.14</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Chops SG I INC</b> Name	Case number (if known)	<b>16-13903</b>
--------	-------------------------------	------------------------	-----------------

  

2.11	Priority creditor's name and mailing address <b>Elder Casasola</b> <b>9926 Fairfax Sq., Apt. 34</b> <b>Fairfax, VA 22031</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$545.88</b>	<b>\$545.88</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.12	Priority creditor's name and mailing address <b>Erika Rodgers</b> <b>3822 Mode St</b> <b>Fairfax, VA 22031</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$39.02</b>	<b>\$39.02</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.13	Priority creditor's name and mailing address <b>Fernando Barillas Tobar</b> <b>9315 Humphries Drive</b> <b>Burke, VA 22015</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$934.26</b>	<b>\$934.26</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number <b>N/A</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.14	Priority creditor's name and mailing address <b>Francis E. Froelich</b> <b>7405 Windy Hill Court</b> <b>Mc Lean, VA 22102</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$15,849.31</b>	<b>\$12,850.00</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Chops SG I INC</b> <small>Name</small>	Case number (if known)	<b>16-13903</b>	
--------	--	------------------------	-----------------	--

  

2.15	Priority creditor's name and mailing address <b>Hanna Yoon</b> <b>3939 Persimmon Dr,</b> <b>Fairfax, VA 22031</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,195.89</b>	<b>\$1,195.89</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.16	Priority creditor's name and mailing address <b>Jack Caldwell</b> <b>9703 Flintridge Ct.,</b> <b>Fairfax, VA 22032</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$179.38</b>	<b>\$179.38</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.17	Priority creditor's name and mailing address <b>Jake Salewski</b> <b>4920 Oakcrest Dr</b> <b>Fairfax, VA 22030</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$51.37</b>	<b>\$51.37</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.18	Priority creditor's name and mailing address <b>Jessa D Liquido</b> <b>1614 S Taylor St.,</b> <b>Arlington, VA 22204</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$134.58</b>	<b>\$134.58</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Chops SG I INC</b> <small>Name</small>	Case number (if known)	<b>16-13903</b>	
--------	--	------------------------	-----------------	--

  

2.19	Priority creditor's name and mailing address  <b>John F Brixius</b> <b>4123 Evergreen Drive</b> <b>Fairfax, VA 22032</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$78.62</b>	<b>\$78.62</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number  Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset?  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.20	Priority creditor's name and mailing address  <b>John Petrakes</b> <b>3439 Lyrac St.,</b> <b>Oakton, VA 22124</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$193.90</b>	<b>\$193.90</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number  Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset?  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.21	Priority creditor's name and mailing address  <b>John R. Froelich</b> <b>6486 Birch Grove Court</b> <b>Mc Lean, VA 22101</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$174.57</b>	<b>\$174.57</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number  Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset?  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.22	Priority creditor's name and mailing address  <b>Jose Mendes</b> <b>6316 Alforth Ave</b> <b>Alexandria, VA 22315</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,363.48</b>	<b>\$2,363.48</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number  Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset?  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	16-13903
2.23	Priority creditor's name and mailing address <b>Joseph F. Lambiasi</b> <b>9105 Wood Pointe Way</b> <b>Fairfax Station, VA 22039</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$81.62    \$81.62</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.24	Priority creditor's name and mailing address <b>Josephine N. Bolanos</b> <b>3909 Carolyn Ave.,</b> <b>Fairfax, VA 22031</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$47.65    \$47.65</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.25	Priority creditor's name and mailing address <b>Juana Lopez</b> <b>10716 Orchard St.,</b> <b>Fairfax, VA 22030</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$487.88    \$487.88</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.26	Priority creditor's name and mailing address <b>Kayla M. Shoultz</b> <b>7977 Alameda Ct.,</b> <b>Lorton, VA 22079</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$107.80    \$107.80</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	



Debtor	Name	Case number (if known)	16-13903
2.27	Priority creditor's name and mailing address <b>Kendra S. Playuk</b> <b>3986 Bradwater St.,</b> <b>Fairfax, VA 22031</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$58.48    \$58.48</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.28	Priority creditor's name and mailing address <b>Kevin Zibari</b> <b>8904 Laurel Overlook Dr.,</b> <b>Lorton, VA 22079</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$5.64    \$5.64</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.29	Priority creditor's name and mailing address <b>Kylie P. Broderick</b> <b>3039 Cyrandall Valley Road</b> <b>Fairfax, VA 22031</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$19.13    \$19.13</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.30	Priority creditor's name and mailing address <b>Luis A. Reyes-Arias</b> <b>4312 Pickett Road</b> <b>Fairfax, VA 22032</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$312.42    \$312.42</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Chops SG I INC</b> Name	Case number (if known)	<b>16-13903</b>
--------	-------------------------------	------------------------	-----------------

  

2.31	Priority creditor's name and mailing address <b>Malik J. Burr</b> <b>5517 heston Court</b> <b>Springfield, VA 22151</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u><b>\$738.57</b></u>	<u><b>\$738.57</b></u>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.32	Priority creditor's name and mailing address <b>Michael C. Lee</b> <b>8105 Whirlwind Ct.,</b> <b>Gaithersburg, MD 20882</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u><b>\$72.07</b></u>	<u><b>\$72.07</b></u>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.33	Priority creditor's name and mailing address <b>Michael Roble</b> <b>45618 Iron Horse Terr.,</b> <b>Sterling, VA 20166</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u><b>\$28.74</b></u>	<u><b>\$28.74</b></u>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.34	Priority creditor's name and mailing address <b>Michelle G Mejia</b> <b>3901 Lyndhurst Drive, #102</b> <b>Fairfax, VA 22031</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u><b>\$32.03</b></u>	<u><b>\$32.03</b></u>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Chops SG I INC</b> <small>Name</small>	Case number (if known)	<b>16-13903</b>	
--------	--	------------------------	-----------------	--

  

2.35	Priority creditor's name and mailing address <b>Nicholas Delullo</b> <b>5114 Kings Grove St.,</b> <b>Burke, VA 22015</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,266.97	\$1,266.97
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.36	Priority creditor's name and mailing address <b>Nina M. Fowler</b> <b>4281 Mazarin Pl., Apt. 203</b> <b>Fairfax, VA 22033</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$7.57	\$7.57
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.37	Priority creditor's name and mailing address <b>Ricardo A. Salguero</b> <b>7733 Sebrell St.,</b> <b>Lorton, VA 22079</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$87.65	\$87.65
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.38	Priority creditor's name and mailing address <b>Roton R. Rozario</b> <b>10238 Cub Run Ct.,</b> <b>Manassas, VA 20109</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$380.00	\$380.00
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Chops SG I INC</b> <small>Name</small>	Case number (if known)	<b>16-13903</b>
--------	--	------------------------	-----------------

  

2.39	Priority creditor's name and mailing address <b>Samantha G. Robertson</b> <b>10109 Alice Ct.,</b> <b>Fairfax, VA 22032</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$47.25</b>	<b>\$47.25</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.40	Priority creditor's name and mailing address <b>Sarah D. Hink</b> <b>4229 Iley Ln</b> <b>Fairfax, VA 22032</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$7.49</b>	<b>\$7.49</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.41	Priority creditor's name and mailing address <b>Sierra R. Williams</b> <b>10419 Courthouse Dr</b> <b>Fairfax, VA 22030</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$16.03</b>	<b>\$16.03</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.42	Priority creditor's name and mailing address <b>Steven Natale</b> <b>7975 Almeda Ct.,</b> <b>Lorton, VA 22079</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$65.51</b>	<b>\$65.51</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Chops SG I INC</b> Name	Case number (if known)	<b>16-13903</b>
--------	-------------------------------	------------------------	-----------------

  

2.43	Priority creditor's name and mailing address <b>Terrell D. Hood II</b> <b>3029 Chain Bridge Road</b> <b>Oakton, VA 22124</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$31.27</b> <b>\$31.27</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.44	Priority creditor's name and mailing address <b>Thomas Anderson</b> <b>11109 Robert Carter Rd.,</b> <b>Fairfax Station, VA 22039</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$25.77</b> <b>\$25.77</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number <b>N/A</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.45	Priority creditor's name and mailing address <b>Tracey DeBoissiere</b> <b>7405 Windy Hill Court</b> <b>Mc Lean, VA 22102</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$9,828.14</b> <b>\$9,828.14</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.46	Priority creditor's name and mailing address <b>Treasurer of City of Fairfax</b> <b>10455 Armstrong Street</b> <b>Room 224-City Hall</b> <b>Fairfax, VA 22030</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,500.00</b> <b>\$2,500.00</b>
Date or dates debt was incurred <b>9/2016</b>		Basis for the claim:	
Last 4 digits of account number <b>5856</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	16-13903	
2.47	<b>Chops SG I INC</b> <b>Trevor J Snelling</b> <b>4929 35th Street N</b> <b>Arlington, VA 22207</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$70.63</b>	<b>\$70.63</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.48	<b>VA Dept of Taxation</b> <b>PO Box 26627</b> <b>Richmond, VA 23218</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,500.00</b>	<b>\$2,500.00</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number <b>f001</b>		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.49	<b>Victor M. Marquina</b> <b>220 Glengyle Drive</b> <b>Vienna, VA 22181</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$338.33</b>	<b>\$338.33</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.50	<b>Walter Cho</b> <b>10643 Lakeside Oak Ct.,</b> <b>Burke, VA 22015</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$279.46</b>	<b>\$279.46</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Chops SG I INC</b> Name	Case number (if known)	<b>16-13903</b>
--------	-------------------------------	------------------------	-----------------

  

2.51	Priority creditor's name and mailing address <b>Young Jin A. Yoon</b> <b>3939 Persimmon Dr, #203</b> <b>Fairfax, VA 22031</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$74.81</b>	<b>\$74.81</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim	
3.1	Nonpriority creditor's name and mailing address <b>Alan Hamm Architects P.C.</b> <b>10531 Metropolitan Ave.,</b> <b>Kensington, MD 20895</b> Date(s) debt was incurred <u>Unk</u> Last 4 digits of account number <u>Unk</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$850.00</b>	
3.2	Nonpriority creditor's name and mailing address <b>American Disposal Services</b> <b>PO Box 37053</b> <b>Baltimore, MD 21297-0305</b> Date(s) debt was incurred <u>unk</u> Last 4 digits of account number <u>8216</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$145.00</b>	
3.3	Nonpriority creditor's name and mailing address <b>AutoChlor 7900</b> <b>Kincannon Place</b> <b>Lorton, VA 22079</b> Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$450.00</b>	
3.4	Nonpriority creditor's name and mailing address <b>Benefit Mall</b> <b>PO Box 418742</b> <b>Boston, MA 02241-8742</b> Date(s) debt was incurred __ Last 4 digits of account number <u>9651</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,199.33</b>	
3.5	Nonpriority creditor's name and mailing address <b>Coca-Cola Refreshments USA Inc</b> <b>PO Box 602937</b> <b>Charlotte, NC 28260-2937</b> Date(s) debt was incurred __ Last 4 digits of account number <u>2871</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$673.00</b>	

Debtor Name	Case number (if known)	
<b>Chops SG I INC</b>	<b>16-13903</b>	
<b>3.6</b> Nonpriority creditor's name and mailing address <b>Cox Communications</b> <b>Dept 781114 PO Box 78000</b> <b>Detroit, MI 48278-1114</b> Date(s) debt was incurred <u>?</u> Last 4 digits of account number <u>0603</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,000.00</b>
<b>3.7</b> Nonpriority creditor's name and mailing address <b>David &amp; Krisan Marotta</b> <b>1315 Chippendale Court</b> <b>Charlottesville, VA 22901</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$300,000.00</b>
<b>3.8</b> Nonpriority creditor's name and mailing address <b>Direct TV</b> <b>PO Box 60036</b> <b>Los Angeles, CA 90060-0036</b> Date(s) debt was incurred <u>???</u> Last 4 digits of account number <u>7122</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,500.00</b>
<b>3.9</b> Nonpriority creditor's name and mailing address <b>Dominion Virginia Power</b> <b>120 Tredegar Street</b> <b>Richmond, VA 23219</b> Date(s) debt was incurred <u>????</u> Last 4 digits of account number <u>1108</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,700.00</b>
<b>3.10</b> Nonpriority creditor's name and mailing address <b>Fairfax Water</b> <b>PO Box 71076</b> <b>Charlotte, NC 28272-1076</b> Date(s) debt was incurred <u>????</u> Last 4 digits of account number <u>6602</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
<b>3.11</b> Nonpriority creditor's name and mailing address <b>Geoff Bobsin</b> <b>6302 Barsky Court Fairfax</b> <b>Fairfax Station, VA 22039</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,000.00</b>
<b>3.12</b> Nonpriority creditor's name and mailing address <b>Greenstar Pest Control</b> <b>12109 Cadet Court</b> <b>Manassas, VA 20109</b> Date(s) debt was incurred <u>UNK</u> Last 4 digits of account number <u>3543</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$130.00</b>



Debtor	<b>Chops SG I INC</b> Name	Case number (if known)	<b>16-13903</b>
--------	-------------------------------	------------------------	-----------------

  

3.13	<b>Nonpriority creditor's name and mailing address</b> <b>Guidant Financial</b> <b>1100 112th Ave. NE, Ste 100</b> <b>Bellevue, WA 98004</b> Date(s) debt was incurred <u>Unk</u> Last 4 digits of account number <u>Unk</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>HOW MUCH OWED???????</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.14	<b>Nonpriority creditor's name and mailing address</b> <b>ID Studio 4, LLC</b> <b>1431 Greenway Drive, Ste 510</b> <b>Irving, TX 75038</b> Date(s) debt was incurred <u>  </u> Last 4 digits of account number <u>7532</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>  </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,285.00</b>
3.15	<b>Nonpriority creditor's name and mailing address</b> <b>Landers Air Condition&amp;Heat</b> <b>8829 Lake Hill Drive</b> <b>Lorton, VA 22079</b> Date(s) debt was incurred <u>UNK</u> Last 4 digits of account number <u>2861</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>  </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$750.00</b>
3.16	<b>Nonpriority creditor's name and mailing address</b> <b>Main 9959 LLC</b> <b>c/o Stout &amp; Teague</b> <b>8001 Forbes Pl, #305</b> <b>Springfield, VA 22151</b> Date(s) debt was incurred <u>2/2015</u> Last 4 digits of account number <u>Unk</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>  </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,300,000.00</b>
3.17	<b>Nonpriority creditor's name and mailing address</b> <b>NuCO1</b> <b>PO Box 417902</b> <b>Boston, MA 02241-7902</b> Date(s) debt was incurred <u>Unk</u> Last 4 digits of account number <u>2888</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>  </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$695.00</b>
3.18	<b>Nonpriority creditor's name and mailing address</b> <b>OpenTable, Inc.</b> <b>PO Box 671198</b> <b>Dallas, TX 75267</b> Date(s) debt was incurred <u>Unk</u> Last 4 digits of account number <u>3926</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>  </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,595.32</b>
3.19	<b>Nonpriority creditor's name and mailing address</b> <b>Payce Inc</b> <b>1220 B East Joppa Road Ste 324</b> <b>Towson, MD 21286</b> Date(s) debt was incurred <u>Unk</u> Last 4 digits of account number <u>8283</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>HOW MUCH OWED??</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

Debtor	<b>Chops SG I INC</b> <small>Name</small>	Case number (if known)	<b>16-13903</b>
--------	--	------------------------	-----------------

---

3.20	<b>Nonpriority creditor's name and mailing address</b> <b>Performance Foodservice MD</b> <b>1333 Avondale Road</b> <b>PO Box 779</b> <b>New Windsor, MD 21776</b> Date(s) debt was incurred <u>Unk</u> Last 4 digits of account number <u>8964</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,690.00</b>
------	--	---	-------------------

---

3.21	<b>Nonpriority creditor's name and mailing address</b> <b>Restaurant Technologies, Inc</b> <b>2250 Pilot Know Road, Ste 100</b> <b>Mendota Heights, MN 55120</b> Date(s) debt was incurred <u>Unk</u> Last 4 digits of account number <u>7565</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,525.00</b>
------	--	---	-------------------

---

3.22	<b>Nonpriority creditor's name and mailing address</b> <b>Richard Bowden</b> <b>7941 Community Drive</b> <b>Manassas, VA 20109</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$17,267.00</b>
------	---	---	--------------------

---

3.23	<b>Nonpriority creditor's name and mailing address</b> <b>S Freedman &amp; Sons, Inc.</b> <b>PO Box 1418</b> <b>Hyattsville, MD 20785-0418</b> Date(s) debt was incurred <u>Unk</u> Last 4 digits of account number <u>4784</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,002.00</b>
------	--	---	-------------------

---

3.24	<b>Nonpriority creditor's name and mailing address</b> <b>Security Central</b> <b>PO Box 602371</b> <b>Charlotte, NC 28260-2371</b> Date(s) debt was incurred <u>Unk</u> Last 4 digits of account number <u>4824</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$200.00</b>
------	---	---	-----------------

---

3.25	<b>Nonpriority creditor's name and mailing address</b> <b>Tap26</b> <b>11126 Airport Road, Suite E</b> <b>Ashland, VA 23005</b> Date(s) debt was incurred <u>3/1/2016</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$705.00</b>
------	---	---	-----------------

---

3.26	<b>Nonpriority creditor's name and mailing address</b> <b>Tech 24</b> <b>410 E Washington Street</b> <b>Greenville, SC 29601</b> Date(s) debt was incurred <u>3/18/16</u> Last 4 digits of account number <u>5129</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$210.00</b>
------	--	--	-----------------

Debtor **Chops SG I INC** Case number (if known) **16-13903**

3.27 Nonpriority creditor's name and mailing address **The Hartford**  
**PO Box 660916**  
**Dallas, TX 75266-0916**  
 Date(s) debt was incurred Unk  
 Last 4 digits of account number 2547  
 As of the petition filing date, the claim is: *Check all that apply.* **\$4,530.00**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
 Basis for the claim: \_\_\_\_\_  
 Is the claim subject to offset? ☒ No ☐ Yes

3.28 Nonpriority creditor's name and mailing address **Trenity Monitoring**  
**8610 Virginia Meadows Drive**  
**Manassas, VA 20109**  
 Date(s) debt was incurred Unk  
 Last 4 digits of account number ov38  
 As of the petition filing date, the claim is: *Check all that apply.* **\$200.00**  
☐ Contingent  
☐ Unliquidated  
☒ Disputed  
 Basis for the claim: \_\_\_\_\_  
 Is the claim subject to offset? ☒ No ☐ Yes

3.29 Nonpriority creditor's name and mailing address **Virginia Linen Service**  
**6694 Fleet Drive**  
**Alexandria, VA 22310**  
 Date(s) debt was incurred Unk  
 Last 4 digits of account number 3312  
 As of the petition filing date, the claim is: *Check all that apply.* **\$2,450.00**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
 Basis for the claim: \_\_\_\_\_  
 Is the claim subject to offset? ☒ No ☐ Yes

3.30 Nonpriority creditor's name and mailing address **Washington Gas**  
**6801 Industrial Road**  
**Springfield, VA 22151**  
 Date(s) debt was incurred Unk  
 Last 4 digits of account number Unk  
 As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
 Basis for the claim: \_\_\_\_\_  
 Is the claim subject to offset? ☒ No ☐ Yes

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2  
 Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ <b>43,080.67</b>
5b. +	\$ <b>2,659,751.65</b>
5c.	\$ <b>2,702,832.32</b>

Fill in this information to identify the case:

Debtor name **Chops SG I INC**

United States Bankruptcy Court for the: **EASTERN DISTRICT OF VIRGINIA**

Case number (if known) **16-13903**

☐ Check if this is an amended filing

Official Form 206G

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest **Waste Disposal Contract**

State the term remaining

List the contract number of any government contract

**American Disposal Services  
PO Box 37053  
Baltimore, MD 21297**

2.2. State what the contract or lease is for and the nature of the debtor's interest **Soft drink**

State the term remaining

List the contract number of any government contract

**Coca-Cola Refreshments USA Inc  
PO Box 602937  
Charlotte, NC 28260-2937**

2.3. State what the contract or lease is for and the nature of the debtor's interest **TV programs**

State the term remaining

List the contract number of any government contract

**Direct TV  
PO Box 60036  
Los Angeles, CA 90060-0036**

2.4. State what the contract or lease is for and the nature of the debtor's interest **Merchant services/Credit card processing**

State the term remaining

List the contract number of any government contract

**Elavon North America  
Two Concourse Parkway, Suite 8  
Atlanta, GA 30328**

Debtor 1 **Chops SG I INC**

First Name

Middle Name

Last Name

Case number (if known) **16-13903**

## Additional Page if You Have More Contracts or Leases

### 2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5. State what the contract or lease is for and the nature of the debtor's interest **Pest removal services**

State the term remaining

List the contract number of any government contract

**Greenstar Pest Control  
12109 Cadet Court  
Manassas, VA 20109**

2.6. State what the contract or lease is for and the nature of the debtor's interest **Lease on commercial premises at 9959 Main Street, Fairfax, VA 22032**

State the term remaining

List the contract number of any government contract

**8 years and 3 months**

**Main 9959 LLC  
9959 Elden Street Suite 201  
Herndon, VA 20170**

2.7. State what the contract or lease is for and the nature of the debtor's interest **Gas**

State the term remaining

List the contract number of any government contract

**NuCO2  
Po Box 417902  
Boston, MA 02241-7902**

2.8. State what the contract or lease is for and the nature of the debtor's interest **Reservation services**

State the term remaining

List the contract number of any government contract

**Open Table, Inc.  
PO Box 671198  
Dallas, TX 75267-1198**

2.9. State what the contract or lease is for and the nature of the debtor's interest **Payroll services**

State the term remaining

List the contract number of any government contract

**Payce Inc  
1220 B East Joppa Road Ste 324  
Towson, MD 21286**

2.10. State what the contract or lease is for and the nature of the debtor's interest **Oil**

State the term remaining

List the contract number of any government contract

**Restaurant Technologies, Inc  
2250 Pilot Know Road, Ste 100  
Mendota Heights, MN 55120**

Debtor 1 **Chops SG I INC**

First Name

Middle Name

Last Name

Case number (if known) **16-13903**

**Additional Page if You Have More Contracts or Leases**

**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

2.11. State what the contract or lease is for and the nature of the debtor's interest

**Fire alarm monitoring**

State the term remaining

List the contract number of any government contract

**Security Central  
PO Box 602371  
Charlotte, NC 28260-2371**

2.12. State what the contract or lease is for and the nature of the debtor's interest

**Insurance**

State the term remaining

List the contract number of any government contract

**The Hartford  
PO Box 660916  
Dallas, TX 75266-0916**

2.13. State what the contract or lease is for and the nature of the debtor's interest

**Security Monitoring**

State the term remaining

List the contract number of any government contract

**Trenity Monitoring  
8610 Virginia Meadows Dr  
Manassas, VA 20109**

2.14. State what the contract or lease is for and the nature of the debtor's interest

**Linen service**

State the term remaining

List the contract number of any government contract

**Virginia Lien Service  
6694 Fleet Drive  
Alexandria, VA 22310**

Fill in this information to identify the case:

Debtor name **Chops SG I INC**

United States Bankruptcy Court for the: **EASTERN DISTRICT OF VIRGINIA**

Case number (if known) **16-13903**

☐ Check if this is an amended filing

Official Form 206H

**Schedule H: Your Codebtors**

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.

☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name

Mailing Address

Name

Check all schedules that apply:

2.1 Francis E. Froelich 7405 Windy Hill ct  
Mc Lean, VA 22102

Sandy Spring Bank

☒ D 2.1  
☐ E/F \_\_\_\_\_  
☐ G \_\_\_\_\_

2.2 Francis Froelich 7405 Windy Hill Ct  
Mc Lean, VA 22102

Sandy Spring Bank

☒ D 2.2  
☐ E/F \_\_\_\_\_  
☐ G \_\_\_\_\_

**Fill in this information to identify the case:**

Debtor name Chops SG I INC

United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA

Case number (if known) 16-13903

☐ Check if this is an amended filing

**Official Form 207**

**Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

**Part 1: Income**

**1. Gross revenue from business**

☐ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

From the beginning of the fiscal year to filing date:  
From 1/01/2016 to Filing Date

Sources of revenue  
Check all that apply

☒ Operating a business  
☐ Other \_\_\_\_\_

Gross revenue  
(before deductions and exclusions)

\$474,896.00

**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

Description of sources of revenue

Gross revenue from each source  
(before deductions and exclusions)

**Part 2: List Certain Transfers Made Before Filing for Bankruptcy**

**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer Check all that apply
3.1. Coastal Sunbelt Produce	8/3/2016 9/17/2016	\$10,238.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____



Debtor **Chops SG I INC**Case number (if known) **16-13903**

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.2. <b>Performance Food Service</b> <b>1333 Avondale Rd</b> <b>New Windsor, MD 21776</b>	<b>8/3/2016</b> <b>9/14/2016</b>	<b>\$17,704.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.3. <b>Sandy Spring Bank</b> <b>17801 Georgia Ave</b> <b>Olney, MD 20832</b>	<b>8/3/2016</b> <b>10/30/2016</b>	<b>\$17,000.00</b>	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
--	-------	-----------------------	---------------------------------

**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
-----------------------------	--------------------------	------	-------------------

**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☐ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
<b>Sandy Spring Bank</b> <b>17801 Georgia ave</b> <b>Olney, MD 20832</b>	<b>Seized Bank Accounts</b> Last 4 digits of account number: _____	<b>Unknown</b>	<b>\$8,000.00</b>

**Part 3: Legal Actions or Assignments****7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☒ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
---------------------------	----------------	------------------------------------	----------------

**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

Debtor **Chops SG I INC**

Case number (if known) **16-13903**

☐ None

**Part 4: Certain Gifts and Charitable Contributions**

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☐ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
------------------------------	---	-------------	-------

**Part 5: Certain Losses**

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☐ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss <small>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.  List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</small>	Dates of loss	Value of property lost
--	--	---------------	------------------------

**Part 6: Certain Payments or Transfers**

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. Sawyer & Azarcon 10605 B-2 Judicial Drive Fairfax, VA 22030	Checks. \$3,665.00 atty. fees; \$335.00 filing fees	Nov., 2016	\$4,000.00
Email or website address sa@sawyerazarcon.com			
Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.  
Do not include transfers already listed on this statement.

☐ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
-------------------------	-----------------------------------	---------------------------	-----------------------

13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

Debtor **Chops SG I INC**

Case number (if known) **16-13903**

☒ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
-----------------------------------	---	---------------------------	--------------------------

**Part 7: Previous Locations**

**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Address	Dates of occupancy From-To
---------	-------------------------------

**Part 8: Health Care Bankruptcies**

**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:  
 - diagnosing or treating injury, deformity, or disease, or  
 - providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☒ No. Go to Part 9.  
☐ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	---	---

**Part 9: Personally Identifiable Information**

**16. Does the debtor collect and retain personally identifiable information of customers?**

- ☒ No.  
☐ Yes. State the nature of the information collected and retained.

**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**

- ☐ No. Go to Part 10.  
☒ Yes. Does the debtor serve as plan administrator?

☐ No Go to Part 10.

☒ Yes. Fill in below:

Name of plan

**Chops SG I Inc. 401K Plan**

Employer identification number of the plan

EIN: **47-2996399**

Has the plan been terminated?

- ☒ No  
☐ Yes

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**

Debtor **Chops SG I INC**

Case number (if known) **16-13903**

**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
--	---------------------------------	-------------------------------	--	---

**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
---	---	-----------------------------	-----------------------

**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
---------------------------	-----------------------------------	-----------------------------	-----------------------

**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**

**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None

Owner's name and address	Location of the property	Describe the property	Value
F. E. Froelich	7601 Lewinsville Rd Mc Lean, VA 22102	POS Server	\$1,000.00

**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

*Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

☒ No.

☐ Yes. Provide details below.

Debtor **Chops SG I INC**

Case number (if known) **16-13903**

Case title Case number	Court or agency name and address	Nature of the case	Status of case
---------------------------	-------------------------------------	--------------------	----------------

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No.  
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	---------------------------------------	-----------------------------	----------------

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No.  
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	---------------------------------------	-----------------------------	----------------

**Part 13: Details About the Debtor's Business or Connections to Any Business**

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.  Dates business existed
-----------------------	-------------------------------------	--

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

Name and address	Date of service From-To
26a.1. <b>Geoff Bobsin 6302 Barsky Court Fairfax Fairfax Station, VA 22039</b>	<b>2015 - 2016</b>

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

- ☐ None

Name and address	Date of service From-To
26b.1. <b>Geoff Bobsin 6302 Barsky Court Fairfax Fairfax Station, VA 22039</b>	

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

- ☐ None

Name and address	If any books of account and records are unavailable, explain why
26c.1. <b>Geoff Bobsin 6302 Barsky Court Fairfax Fairfax Station, VA 22039</b>	

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial

Debtor **Chops SG I INC**

Case number (if known) **16-13903**

statement within 2 years before filing this case.

☐ None

**Name and address**

26d.1. **Sandy Spring Bank  
17801 Georgia Ave  
Olney, MD 20832**

**27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
---	-------------------	--

**28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.**

Name	Address	Position and nature of any interest	% of interest, if any
Francis E. Froelich	7405 Windy Hill Court Mc Lean, VA 22102	President/Director	100%
Tracey Froelich	7405 Windy Hill Ct Mc Lean, VA 22102	Director	0
Geoff Bobsin	6302 Barsky Ct Fairfax Station, VA 22039	Director/Secretary	0

**29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?**

☒ No

☐ Yes. Identify below.

**30. Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☐ No

☒ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1 Francis E. Froelich 7405 Windy Hill Court Mc Lean, VA 22102	Wages in 2016: \$38,461.50 Additional checks for wages in the sum of \$19,230.75 were not cashed nor deposited.	Biweekly in 2016	Work performed.
Relationship to debtor	Director/Officer/Stockholder		

Debtor **Chops SG I INC**

Case number (if known) **16-13903**

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.2	Tracey Froelich 7405 Windy Hill Ct Mc Lean, VA 22102	Wages in 2016: \$45,000.02. Additional checks were issued in the sumk of \$6,230.75 were not cashed nor deposited.	Biweekly in 20216	Work performed.
	Relationship to debtor Director/Officer			
30.3	Geoff Bobsin 6302 Barsky Court Fairfax Fairfax Station, VA 22039	\$6,000.00	Monthly in 2016	Accounting work
	Relationship to debtor Director/Officer			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No  
☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No  
☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

**Part 14: Signature and Declaration**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **November 28, 2016**

/s/ Francis E. Froelich  
Signature of individual signing on behalf of the debtor

Francis E. Froelich  
Printed name

Position or relationship to debtor **President**

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No  
☐ Yes